

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

The Northwestern Mutual Life Insurance Company Federal PAC

ADDRESS (number and street) ▼

720 E Wisconsin Ave

☐ Check if different than previously reported. (ACC)

Milwaukee

WI

53202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00197095

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)

☐ July 15  
Quarterly Report (Q2)

☐ October 15  
Quarterly Report (Q3)

☐ January 31  
Year-End Report (YE)

☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michelle A. Hinze

Signature of Treasurer

Michelle A. Hinze

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 02 / 01 / 2014 To: M M / D D / Y Y Y Y Y 02 / 28 / 2014

|  | COLUMN A<br>This Period   | COLUMN B<br>Calendar Year-to-Date                                     |
|--|---|---|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014     |   | <span style="border: 1px solid black; padding: 2px;">139753.89</span> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <span style="border: 1px solid black; padding: 2px;">123859.64</span> |   |
| (c) Total Receipts (from Line 19) .....  | <span style="border: 1px solid black; padding: 2px;">31977.41</span>  | <span style="border: 1px solid black; padding: 2px;">64826.99</span>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <span style="border: 1px solid black; padding: 2px;">155837.05</span> | <span style="border: 1px solid black; padding: 2px;">204580.88</span> |
| 7. Total Disbursements (from Line 31) .....  | <span style="border: 1px solid black; padding: 2px;">41741.43</span>  | <span style="border: 1px solid black; padding: 2px;">90485.26</span>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | <span style="border: 1px solid black; padding: 2px;">114095.62</span> | <span style="border: 1px solid black; padding: 2px;">114095.62</span> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |   |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 02 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 02 / 28 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

21318.66

70062.49

(ii) Unitemized .....

10657.72

-5237.73

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

31976.38

64824.76

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

31976.38

64824.76

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

1.03

2.23

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

31977.41

64826.99

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

31977.41

64826.99

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 241.43                        | 485.26                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 241.43                        | 485.26                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 41500.00                      | 85000.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 5000.00                           |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 41741.43                      | 90485.26                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 41741.43                      | 90485.26                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 31976.38                      | 64824.76                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 31976.38                      | 64824.76                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 241.43                        | 485.26                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 241.43                        | 485.26                            |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Douglas P. Bates**

Mailing Address 5413 Mount Corcoran PI

City State Zip Code  
 Burke VA 22015-2188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

02 / 28 / 2014

**Transaction ID : 2014022619752-568**

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

**B. Mitchell C. Beer**

Mailing Address 3387 Hampton Ct

City State Zip Code  
 Thousand Oaks CA 91362-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 15 / 2014

**Transaction ID : 2014021519751-34**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**c. Mitchell C. Beer**

Mailing Address 3387 Hampton Ct

City State Zip Code  
 Thousand Oaks CA 91362-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2014

**Transaction ID : 2014022819750-34**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

305.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Garrett J. Bleakley**

Mailing Address 5460 Chelsea Ave

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-9**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Garrett J. Bleakley**

Mailing Address 5460 Chelsea Ave

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-9**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Debra Blevons**

Mailing Address 165 Pine Ct

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-67**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 8 OF 64  
 (check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

**A. Debra Blevons**

Mailing Address 165 Pine Ct

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 28    | / | 2014        |

Transaction ID : 2014022819750-67

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Timothy John Bohannon**

Mailing Address 8677 Alvarado Ct

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

832.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 15    | / | 2014        |

Transaction ID : 2014021519751-11

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**C. Timothy John Bohannon**

Mailing Address 8677 Alvarado Ct

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

832.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 28    | / | 2014        |

Transaction ID : 2014022819750-11

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)..... ▶

516.00

TOTAL This Period (last page this line number only)..... ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Sandra L. Botcher**

Mailing Address 10260 N Range Line Ct

City State Zip Code  
 Mequon WI 53092-5346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021319750-839**

Amount of Each Receipt this Period

76.00

Full Name (Last, First, Middle Initial)

**B. Sandra L. Botcher**

Mailing Address 10260 N Range Line Ct

City State Zip Code  
 Mequon WI 53092-5346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022619752-839**

Amount of Each Receipt this Period

76.00

Full Name (Last, First, Middle Initial)

**C. Michael T. Byrne**

Mailing Address 395 La Casa Via

City State Zip Code  
 Walnut Creek CA 94598-4842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021519751-27**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Michael T. Byrne**

Mailing Address 395 La Casa Via

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-27**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. Michael G. Carter**

Mailing Address 7322 N Mohawk Rd

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

EVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021319750-989**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**c. Michael G. Carter**

Mailing Address 7322 N Mohawk Rd

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

EVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022619752-989**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

624.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Scott G. Christensen**

Mailing Address 12 High Meadow Ln

City Amherst State NH Zip Code 03031-2554

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 15 / 2014

Transaction ID : 2014021519751-43

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Scott G. Christensen**

Mailing Address 12 High Meadow Ln

City Amherst State NH Zip Code 03031-2554

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2014

Transaction ID : 2014022819750-43

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Eric P. Christophersen**

Mailing Address N55W21701 Adamdale Dr

City Menomonee Falls State WI Zip Code 53051-6272

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

02 / 15 / 2014

Transaction ID : 2014021319750-713

Amount of Each Receipt this Period

77.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

327.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Eric P. Christophersen**

Mailing Address N55W21701 Adamdale Dr

City

Menomonee Falls

State

WI

Zip Code

53051-6272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022619752-713**

Amount of Each Receipt this Period

77.00

Full Name (Last, First, Middle Initial)

**B. David D. Clark**

Mailing Address 923 E Kilbourn Ave

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021319750-686**

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

**c. David D. Clark**

Mailing Address 923 E Kilbourn Ave

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022619752-686**

Amount of Each Receipt this Period

140.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

357.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. R. Michael Condrey**

Mailing Address 907 Williamson Dr

City  
Raleigh

State  
NC

Zip Code  
27608-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

02 / 15 / 2014

**Transaction ID : 2014021519751-4**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. R. Michael Condrey**

Mailing Address 907 Williamson Dr

City  
Raleigh

State  
NC

Zip Code  
27608-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

02 / 28 / 2014

**Transaction ID : 2014022819750-4**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**C. Tait Cruse**

Mailing Address 2961 Belclaire Dr

City  
Frisco

State  
TX

Zip Code  
75034-5969

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

02 / 15 / 2014

**Transaction ID : 2014021519751-33**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

624.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

## **A. Tait Cruse**

Mailing Address 2961 Belclaire Dr

City State Zip Code  
 Frisco TX 75034-5969

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022819750-33**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

## **B. Brian R. Cunningham**

Mailing Address 6251 S Billings Way

City State Zip Code  
 Centennial CO 80111-6009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021519751-24**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **C. Brian R. Cunningham**

Mailing Address 6251 S Billings Way

City State Zip Code  
 Centennial CO 80111-6009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022819750-24**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

458.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 15 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Paul Dodd**

Mailing Address 7078 E Genesee St

City State Zip Code  
 Fayetteville NY 13066-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021519751-30**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. Paul Dodd**

Mailing Address 7078 E Genesee St

City State Zip Code  
 Fayetteville NY 13066-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022819750-30**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**C. Steven Dugal**

Mailing Address 9 Falcon Dr

City State Zip Code  
 Mandeville LA 70471-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021519751-31**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

624.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 16 OF 64  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Steven Dugal**

Mailing Address 9 Falcon Dr

City State Zip Code  
Mandeville LA 70471-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-31**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. James R. Effner Jr.**

Mailing Address 2520 Hanford Ln

City State Zip Code  
Aurora IL 60502-6969

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-35**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**C. James R. Effner Jr.**

Mailing Address 2520 Hanford Ln

City State Zip Code  
Aurora IL 60502-6969

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-35**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

624.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. John C. Ertz**

Mailing Address 18235 Shaker Blvd

City State Zip Code  
 Shaker Heights OH 44120-1754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021519751-18**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. John C. Ertz**

Mailing Address 18235 Shaker Blvd

City State Zip Code  
 Shaker Heights OH 44120-1754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022819750-18**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Lance P. Franczyk**

Mailing Address 2224 E 24th St

City State Zip Code  
 Tulsa OK 74114-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021519751-46**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Lance P. Franczyk**

Mailing Address 2224 E 24th St

City

Tulsa

State

OK

Zip Code

74114-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-46**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Robert T. Frieling**

Mailing Address 4 Windy Hill Ln

City

Wayland

State

MA

Zip Code

01778-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-17**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**c. Robert T. Frieling**

Mailing Address 4 Windy Hill Ln

City

Wayland

State

MA

Zip Code

01778-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-17**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Timothy J. Gerend**

Mailing Address 5421 N Idlewild Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Agencies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021319750-632**

Amount of Each Receipt this Period

86.00

Full Name (Last, First, Middle Initial)

**B. Timothy J. Gerend**

Mailing Address 5421 N Idlewild Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Agencies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022619752-632**

Amount of Each Receipt this Period

86.00

Full Name (Last, First, Middle Initial)

**C. Mitchell B. Glover**

Mailing Address 6700 Old Darby Trl NE

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-15**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

380.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

**A. Mitchell B. Glover**

Mailing Address 6700 Old Darby Trl NE

City State Zip Code  
 Ada MI 49301-8360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

Transaction ID : 2014022819750-15

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. Kimberley Goode**

Mailing Address 2485 W Fairy Chasm Rd

City State Zip Code  
 River Hills WI 53217-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

VP Comm & Corp Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 15 / 2014

Transaction ID : 2014021319750-580

Amount of Each Receipt this Period

86.00

Full Name (Last, First, Middle Initial)

**C. Kimberley Goode**

Mailing Address 2485 W Fairy Chasm Rd

City State Zip Code  
 River Hills WI 53217-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

VP Comm & Corp Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

Transaction ID : 2014022619752-580

Amount of Each Receipt this Period

86.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

380.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Tom Goris Jr.**

Mailing Address 4735 Wellington Dr

City

Long Grove

State

IL

Zip Code

60047-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-28**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Tom Goris Jr.**

Mailing Address 4735 Wellington Dr

City

Long Grove

State

IL

Zip Code

60047-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-28**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Karl G. Gouverneur**

Mailing Address 12895 N Cobblestone Ct

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP & Chief Tech Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021319750-1111**

Amount of Each Receipt this Period

67.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

367.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Karl G. Gouverneur**

Mailing Address 12895 N Cobblestone Ct

City State Zip Code  
 Mequon WI 53097-1812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP & Chief Tech Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022619752-1111**

Amount of Each Receipt this Period

67.00

Full Name (Last, First, Middle Initial)

**B. John M. Grogan**

Mailing Address 7860 N Club Cir

City State Zip Code  
 Fox Point WI 53217-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Planning & Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021319750-1032**

Amount of Each Receipt this Period

109.00

Full Name (Last, First, Middle Initial)

**c. John M. Grogan**

Mailing Address 7860 N Club Cir

City State Zip Code  
 Fox Point WI 53217-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Planning & Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022619752-1032**

Amount of Each Receipt this Period

109.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

285.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Stephen Gross

Mailing Address 1022 Savonne Ct

City State Zip Code  
Chesterfield MO 63005-4977

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2014

Transaction ID : 2014021519751-47

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Stephen Gross

Mailing Address 1022 Savonne Ct

City State Zip Code  
Chesterfield MO 63005-4977

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2014

Transaction ID : 2014022819750-47

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Thomas C. Guay

Mailing Address W73N377 Mulberry Ave

City State Zip Code  
Cedarburg WI 53012-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

VP Field Rewards

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2014

Transaction ID : 2014021319750-654

Amount of Each Receipt this Period

76.00

SUBTOTAL of Receipts This Page (optional)..... ►

242.66

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Thomas C. Guay**

Mailing Address W73N377 Mulberry Ave

City

Cedarburg

State

WI

Zip Code

53012-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Field Rewards

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2014

**Transaction ID : 2014022619752-654**

Amount of Each Receipt this Period

76.00

Full Name (Last, First, Middle Initial)

**B. Kevin J. Hassan**

Mailing Address 804 Montparnasse Pl

City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 15 / 2014

**Transaction ID : 2014021519751-16**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Kevin J. Hassan**

Mailing Address 804 Montparnasse Pl

City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2014

**Transaction ID : 2014022819750-16**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

326.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

**A. Gerard M. Hempstead**

Mailing Address 49 W Walling Dr

City

Creve Coeur

State

MO

Zip Code

63141-7371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2014

Transaction ID : 2014021519751-57

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Gerard M. Hempstead**

Mailing Address 49 W Walling Dr

City

Creve Coeur

State

MO

Zip Code

63141-7371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2014

Transaction ID : 2014022819750-57

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Mark J. Heurung**

Mailing Address 3315 Graham Hill Rd

City

Orono

State

MN

Zip Code

55356-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2014

Transaction ID : 2014021519751-41

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

374.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Mark J. Heurung**

Mailing Address 3315 Graham Hill Rd

City State Zip Code  
Orono MN 55356-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-41**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. Gary M. Hewitt**

Mailing Address 2045 Elm Tree Rd

City State Zip Code  
Elm Grove WI 53122-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021319750-918**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**c. Gary M. Hewitt**

Mailing Address 2045 Elm Tree Rd

City State Zip Code  
Elm Grove WI 53122-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022619752-918**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

378.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Steve H. Holter**

Mailing Address 11390 N Creekside Ct

City State Zip Code  
Mequon WI 53092-4377

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-50**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. Steve H. Holter**

Mailing Address 11390 N Creekside Ct

City State Zip Code  
Mequon WI 53092-4377

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-50**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**C. Scott Iodice**

Mailing Address 1930 Old Court Rd

City State Zip Code  
Ruxton MD 21204-1849

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-22**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

541.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

## **A. Scott Iodice**

Mailing Address 1930 Old Court Rd

City State Zip Code  
 Ruxton MD 21204-1849

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022819750-22**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **B. Ronald P. Joelson**

Mailing Address 825 N Prospect Ave  
 # U

City State Zip Code  
 Milwaukee WI 53202-3979

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

EVP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021319750-531**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **C. Ronald P. Joelson**

Mailing Address 825 N Prospect Ave  
 # U

City State Zip Code  
 Milwaukee WI 53202-3979

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

EVP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022619752-531**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Todd M. Jones**

Mailing Address W252N4956 Aberdeen Dr

City

Pewaukee

State

WI

Zip Code

53072-1351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP & Chief Risk Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022619752-806**

Amount of Each Receipt this Period

61.00

Full Name (Last, First, Middle Initial)

**B. Shawn F. Kelley**

Mailing Address 16 Vintage Walk

City

Montgomery

State

OH

Zip Code

45249-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-62**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**c. Shawn F. Kelley**

Mailing Address 16 Vintage Walk

City

Montgomery

State

OH

Zip Code

45249-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-62**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

311.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. John C. Kelly**

Mailing Address 5806 N Kent Ave

City

Whitefish Bay

State

WI

Zip Code

53217-4612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP & Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022619752-625**

Amount of Each Receipt this Period

61.00

Full Name (Last, First, Middle Initial)

**B. William S. Koch**

Mailing Address 4645 Swilcan Bridge Ln S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-13**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. William S. Koch**

Mailing Address 4645 Swilcan Bridge Ln S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-13**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

311.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. John L. Kordsmeier**

Mailing Address 2522 W Daphne Rd

City

Glendale

State

WI

Zip Code

53209-3300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Strat Phil & Comm Rel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021319750-1060**

Amount of Each Receipt this Period

93.00

Full Name (Last, First, Middle Initial)

**B. John L. Kordsmeier**

Mailing Address 2522 W Daphne Rd

City

Glendale

State

WI

Zip Code

53209-3300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Strat Phil & Comm Rel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022619752-1060**

Amount of Each Receipt this Period

93.00

Full Name (Last, First, Middle Initial)

**C. M. Kevin Lawhon**

Mailing Address 6952 Burnt Sienna Cir

City

Naples

State

FL

Zip Code

34109-7826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-53**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

269.33

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. M. Kevin Lawhon**

Mailing Address 6952 Burnt Sienna Cir

City  
Naples

State Zip Code  
FL 34109-7826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-53**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Jeffrey J. Lueken**

Mailing Address 1213 E Goodrich Ln

City  
Fox Point

State Zip Code  
WI 53217-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Securities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021319750-911**

Amount of Each Receipt this Period

168.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey J. Lueken**

Mailing Address 1213 E Goodrich Ln

City  
Fox Point

State Zip Code  
WI 53217-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Securities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022619752-911**

Amount of Each Receipt this Period

168.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

419.33

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Raymond J. Manista**

Mailing Address 7236 N Crossway Rd

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Gen Cnsl & Sec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021319750-576**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. Raymond J. Manista**

Mailing Address 7236 N Crossway Rd

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Gen Cnsl & Sec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022619752-576**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**C. David C. Mc Avoy**

Mailing Address 11 Mountview Rd

City

Wellesley

State

MA

Zip Code

02481-2757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-3**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

624.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. David C. Mc Avoy**

Mailing Address 11 Mountview Rd

City  
Wellesley

State  
MA

Zip Code  
02481-2757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-3**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. Roger M. Mc Queen**

Mailing Address 5820 E Twin Creek Rd

City  
Salt Lake Cty

State  
UT

Zip Code  
84108-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-2**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Roger M. Mc Queen**

Mailing Address 5820 E Twin Creek Rd

City  
Salt Lake Cty

State  
UT

Zip Code  
84108-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-2**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

358.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. John W. McTigue**

Mailing Address 205 E 4th St

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-6**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. John W. McTigue**

Mailing Address 205 E 4th St

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-6**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**C. Jim E. Meeks Jr.**

Mailing Address 2460 Lennox Dr

City

Germantown

State

TN

Zip Code

38138-4925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-21**

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

478.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Ben Miller**

Mailing Address 11315 E Wincomb Dr

City State Zip Code  
 Scottsdale AZ 85255-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
 02 / 15 / 2014

**Transaction ID : 2014021519751-56**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Ben Miller**

Mailing Address 11315 E Wincomb Dr

City State Zip Code  
 Scottsdale AZ 85255-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
 02 / 28 / 2014

**Transaction ID : 2014022819750-56**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Kevin E. Miller**

Mailing Address 214 Schenley Rd

City State Zip Code  
 Pittsburgh PA 15217-1171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

MM / DD / YYYY  
 02 / 15 / 2014

**Transaction ID : 2014021519751-40**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

458.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Kevin E. Miller**

Mailing Address 214 Schenley Rd

City  
Pittsburgh

State  
PA

Zip Code  
15217-1171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2014

**Transaction ID : 2014022819750-40**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. Gregory C. Oberland**

Mailing Address 4746 N Cumberland Blvd

City  
Whitefish Bay

State  
WI

Zip Code  
53211-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

EVP Prod, Sales and Mrktng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

MM / DD / YYYY  
02 / 15 / 2014

**Transaction ID : 2014021319750-598**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**c. Gregory C. Oberland**

Mailing Address 4746 N Cumberland Blvd

City  
Whitefish Bay

State  
WI

Zip Code  
53211-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

EVP Prod, Sales and Mrktng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2014

**Transaction ID : 2014022619752-598**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

624.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Eric S. Olson**

Mailing Address 127 Fairmount Rd

City State Zip Code  
 Ridgewood NJ 07450-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021519751-45**

Amount of Each Receipt this Period

104.00

Full Name (Last, First, Middle Initial)

**B. Eric S. Olson**

Mailing Address 127 Fairmount Rd

City State Zip Code  
 Ridgewood NJ 07450-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022819750-45**

Amount of Each Receipt this Period

104.00

Full Name (Last, First, Middle Initial)

**C. Matthew J. Plocher**

Mailing Address 4324 Chevy Chase Dr

City State Zip Code  
 La Canada CA 91011-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021519751-49**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

333.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Matthew J. Plocher**

Mailing Address 4324 Chevy Chase Dr

City

La Canada

State

CA

Zip Code

91011-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2014

**Transaction ID : 2014022819750-49**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Charles R. Pruett**

Mailing Address 224 Ensworth Pl

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

MM / DD / YYYY  
02 / 15 / 2014

**Transaction ID : 2014021519751-51**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**c. Charles R. Pruett**

Mailing Address 900 20th Ave S  
Apt 1414

City

Nashville

State

TN

Zip Code

37212-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2014

**Transaction ID : 2014022819750-51**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

541.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 64  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Steven M. Radke**

Mailing Address 9600 N Crestwood Ct

City State Zip Code  
 Mequon WI 53092-5355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022619752-823**

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

**B. Jeff D. Reeter**

Mailing Address 7 Williamsburg Ln

City State Zip Code  
 Houston TX 77024-5144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021519751-63**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Jeff D. Reeter**

Mailing Address 7 Williamsburg Ln

City State Zip Code  
 Houston TX 77024-5144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022819750-63**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

303.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. David R. Remstad**

Mailing Address 2634 N Lake Dr

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp & Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

02 / 15 / 2014

**Transaction ID : 2014021319750-753**

Amount of Each Receipt this Period

91.00

Full Name (Last, First, Middle Initial)

**B. David R. Remstad**

Mailing Address 2634 N Lake Dr

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp & Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

02 / 28 / 2014

**Transaction ID : 2014022619752-753**

Amount of Each Receipt this Period

91.00

Full Name (Last, First, Middle Initial)

**C. J. Daniel Rivers**

Mailing Address 3601 River Ridge Cv

City

Prospect

State

KY

Zip Code

40059-8038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

02 / 15 / 2014

**Transaction ID : 2014021519751-23**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

390.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. J. Daniel Rivers**

Mailing Address 3601 River Ridge Cv

City

State

Zip Code

Prospect

KY

40059-8038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

832.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2014

**Transaction ID : 2014022819750-23**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. Bethany M. Rodenhuis**

Mailing Address 3900 N Lake Dr

City

State

Zip Code

Shorewood

WI

53211-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Svp Field Strat & Serv

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

396.00

Date of Receipt

MM / DD / YYYY  
02 / 15 / 2014

**Transaction ID : 2014021319750-638**

Amount of Each Receipt this Period

99.00

Full Name (Last, First, Middle Initial)

**C. Bethany M. Rodenhuis**

Mailing Address 3900 N Lake Dr

City

State

Zip Code

Shorewood

WI

53211-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Svp Field Strat & Serv

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

396.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2014

**Transaction ID : 2014022619752-638**

Amount of Each Receipt this Period

99.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

406.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Tammy M. Roou**

Mailing Address N99W14710 Amber Dr

City

Germantown

State

WI

Zip Code

53022-6611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP - Era

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

02 / 28 / 2014

**Transaction ID : 2014022619752-814**

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

**B. Matt Russo**

Mailing Address 139 Deep Valley Rd

City

New Canaan

State

CT

Zip Code

06840-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

02 / 15 / 2014

**Transaction ID : 2014021519751-55**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**C. Matt Russo**

Mailing Address 139 Deep Valley Rd

City

New Canaan

State

CT

Zip Code

06840-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

02 / 28 / 2014

**Transaction ID : 2014022819750-55**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

471.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. R. Philip Sarnecki**

Mailing Address 18240 Melrose Dr

City

Bucyrus

State

KS

Zip Code

66013-9081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-36**

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

**B. R. Philip Sarnecki**

Mailing Address 18240 Melrose Dr

City

Bucyrus

State

KS

Zip Code

66013-9081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-36**

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

**C. Joseph M. Savino**

Mailing Address 8 Benedek Rd

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-1**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

416.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph M. Savino**

Mailing Address 8 Benedek Rd

City  
Princeton

State  
NJ

Zip Code  
08540-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-1**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. Timothy G. Schaefer**

Mailing Address 1013 E Lexington Blvd

City  
Whitefish Bay

State  
WI

Zip Code  
53217-5381

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

EVP Ent Ops & Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021319750-860**

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

**c. Timothy G. Schaefer**

Mailing Address 1013 E Lexington Blvd

City  
Whitefish Bay

State  
WI

Zip Code  
53217-5381

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

EVP Ent Ops & Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022619752-860**

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

428.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

**A. John E. Schlifske**

Mailing Address 1500 Greenway Ter

City

Elm Grove

State

WI

Zip Code

53122-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Chairman, CEO & Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

02 / 15 / 2014

Transaction ID : 2014021319750-769

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. John E. Schlifske**

Mailing Address 1500 Greenway Ter

City

Elm Grove

State

WI

Zip Code

53122-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Chairman, CEO & Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

02 / 28 / 2014

Transaction ID : 2014022619752-769

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**C. Calvin R. Schmidt**

Mailing Address W205 Allen Rd

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Int Cust Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

02 / 15 / 2014

Transaction ID : 2014021319750-794

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

501.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Calvin R. Schmidt**

Mailing Address W205 Allen Rd

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Int Cust Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2014

**Transaction ID : 2014022619752-794**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Todd M. Schoon**

Mailing Address 9400 N Valley Hill R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

EVP Agencies

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

832.00

Date of Receipt

MM / DD / YYYY  
02 / 15 / 2014

**Transaction ID : 2014021319750-1086**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**C. Todd M. Schoon**

Mailing Address 9400 N Valley Hill R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

EVP Agencies

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

832.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2014

**Transaction ID : 2014022619752-1086**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

501.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Robert Seery**

Mailing Address 49 Green Ave

City State Zip Code  
 Rye NY 10580-3141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021519751-26**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Robert Seery**

Mailing Address 49 Green Ave

City State Zip Code  
 Rye NY 10580-3141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022819750-26**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Brad P. Seitzinger**

Mailing Address 920 Pine Needle Trl

City State Zip Code  
 Oakland Twp MI 48306-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021519751-39**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

458.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Brad P. Seitzinger**

Mailing Address 920 Pine Needle Trl

City State Zip Code  
 Oakland Twp MI 48306-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022819750-39**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. David W. Simbro**

Mailing Address 311 E Erie St  
 Unit 4

City State Zip Code  
 Milwaukee WI 53202-6040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Life & Ann Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021319750-1075**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. David W. Simbro**

Mailing Address 311 E Erie St  
 Unit 4

City State Zip Code  
 Milwaukee WI 53202-6040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Life & Ann Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022619752-1075**

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

348.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

**A. Steve P. Sperka**

Mailing Address S67W17735 Copper Oaks Ct

City State Zip Code  
Muskego WI 53150-7503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Ltc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

02 / 28 / 2014

Transaction ID : 2014022619752-798

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Peter F. Striano III**

Mailing Address 11050 NW 78th PI

City State Zip Code  
Parkland FL 33076-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 15 / 2014

Transaction ID : 2014021519751-52

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Peter F. Striano III**

Mailing Address 11050 NW 78th PI

City State Zip Code  
Parkland FL 33076-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2014

Transaction ID : 2014022819750-52

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

315.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Michael F. Tews**

Mailing Address 609 S 249th Cir

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-20**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Michael F. Tews**

Mailing Address 609 S 249th Cir

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 2014022819750-20**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Scott P. Theodore**

Mailing Address 12505 Ventana Mesa Cir

City

Castle Pines

State

CO

Zip Code

80108-9148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 2014021519751-32**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

458.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Scott P. Theodore**

Mailing Address 12505 Ventana Mesa Cir

City State Zip Code  
 Castle Pines CO 80108-9148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022819750-32**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B. Alex J. Tronco**

Mailing Address 11 Stoneridge Dr

City State Zip Code  
 Loudonville NY 12211-2625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022819750-60**

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**C. Leo C. Tucker**

Mailing Address 605 Potomac River Rd

City State Zip Code  
 Mc Lean VA 22102-1402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021519751-48**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

395.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Leo C. Tucker**

Mailing Address 605 Potomac River Rd

City State Zip Code  
 Mc Lean VA 22102-1402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022819750-48**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Richard Worrell**

Mailing Address 2423 Beretania Cir

City State Zip Code  
 Charlotte NC 28211-3631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 2014021519751-59**

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

**C. Richard Worrell**

Mailing Address 2423 Beretania Cir

City State Zip Code  
 Charlotte NC 28211-3631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : 2014022819750-59**

Amount of Each Receipt this Period

166.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

458.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. John William Wright II**

Mailing Address 510 King Rd NW

City State Zip Code  
 Atlanta GA 30342-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 15 / 2014

**Transaction ID : 2014021519751-38**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. John William Wright II**

Mailing Address 510 King Rd NW

City State Zip Code  
 Atlanta GA 30342-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 28 / 2014

**Transaction ID : 2014022819750-38**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Conrad C. York**

Mailing Address 1313 N Franklin Pl

City State Zip Code  
 Milwaukee WI 53202-2980

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

02 / 15 / 2014

**Transaction ID : 2014021319750-774**

Amount of Each Receipt this Period

97.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

297.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

**A. Conrad C. York**

Mailing Address 1313 N Franklin Pl

City

Milwaukee

State

WI

Zip Code

53202-2980

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Marketing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

Transaction ID : 2014022619752-774

Amount of Each Receipt this Period

97.00

Full Name (Last, First, Middle Initial)

**B. T. Scott Zach**

Mailing Address 6630 Country Creek Ln

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2014

Transaction ID : 2014021519751-54

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. T. Scott Zach**

Mailing Address 6630 Country Creek Ln

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

Transaction ID : 2014022819750-54

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

347.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Todd O. Zinkgraf**

Mailing Address 118 Ferris Dr

City

North Prairie

State

WI

Zip Code

53153-9455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Ent Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

02 / 15 / 2014

**Transaction ID : 2014021319750-1020**

Amount of Each Receipt this Period

82.00

Full Name (Last, First, Middle Initial)

**B. Todd O. Zinkgraf**

Mailing Address 118 Ferris Dr

City

North Prairie

State

WI

Zip Code

53153-9455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Ent Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

02 / 28 / 2014

**Transaction ID : 2014022619752-1020**

Amount of Each Receipt this Period

82.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey Zuzolo**

Mailing Address 104 Wildwood Dr

City

Avon

State

CT

Zip Code

06001-4413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

02 / 15 / 2014

**Transaction ID : 2014021519751-14**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

372.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Zuzolo**

Mailing Address 104 Wildwood Dr

City State Zip Code  
 Avon CT 06001-4413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 28 2014

**Transaction ID : 2014022819750-14**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

208.00

21318.66

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 64

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 777 E.Wisconsin Ave.

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Service Charge

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 14 2014**Transaction ID : 02972DF98C3785B4E78**

Amount of Each Disbursement this Period

241.43

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

241.43

241.43

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

## **A. Democratic Party of Wisconsin**

Mailing Address 15 N. Pinckney  
Suite 200

City Madison State WI Zip Code 53703

Purpose of Disbursement  
2014 Contribution

Candidate Name

**Democratic Party of Wisconsin**

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M / D D / Y Y Y Y Y  
02 / 17 / 2014

**Transaction ID : BA9EF421128DC2F370C**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Diane Black for Congress**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066-1437

Purpose of Disbursement  
2014 Primary

Candidate Name

**Diane Black**

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y  
02 / 13 / 2014

**Transaction ID : D94B7C34930510E50F1**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Duffy for Congress**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402-0538

Purpose of Disbursement  
2014 General

Candidate Name

**Sean P. Duffy**

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y  
02 / 26 / 2014

**Transaction ID : 2F2BE74284DB861EFC8**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Dan Maffei**

Mailing Address PO Box 230

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Syracuse | State<br>NY | Zip Code<br>13201 |
|------------------|-------------|-------------------|

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Daniel Benjamin Maffei**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 24

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 07    |   | 2014      |

**Transaction ID : 73067C626FA0D03A86E**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Friends of Erik Paulsen**Mailing Address PO Box 44369  
250 Prairie Center Drive

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Eden Prairie | State<br>MN | Zip Code<br>55344 |
|----------------------|-------------|-------------------|

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Erik Paulsen**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 13    |   | 2014      |

**Transaction ID : 6FC0560B7B3AE837101**

Amount of Each Disbursement this Period

|         |
|---------|
| 4000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Friends of Todd Young, Inc.**

Mailing Address PO Box 1053

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Bloomington | State<br>IN | Zip Code<br>47402 |
|---------------------|-------------|-------------------|

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Todd Christopher Young**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 09

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 26    |   | 2014      |

**Transaction ID : B05D94D5F37F42DAC0F**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 64

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Kinzinger for Congress**

Mailing Address PO Box 2365

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Ottawa | State<br>IL | Zip Code<br>61350-6965 |
|----------------|-------------|------------------------|

Purpose of Disbursement  
2014 General

011

Candidate Name

**Adam Kinzinger**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 16

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 17    |   | 2014      |

**Transaction ID : F6F79891E61F42D839F**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Larson for Congress**

Mailing Address PO Box 261172

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Hartford | State<br>CT | Zip Code<br>06126-1172 |
|------------------|-------------|------------------------|

Purpose of Disbursement  
2014 Convention

011

Candidate Name

**John B. Larson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: CT District: 01

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 13    |   | 2014      |

**Transaction ID : 78AB7062B3D88FBE1D8**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Levin for Congress**

Mailing Address PO Box 37

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Roseville | State<br>MI | Zip Code<br>48066 |
|-------------------|-------------|-------------------|

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Sander M. Levin**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 09

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 24    |   | 2014      |

**Transaction ID : 5462535F1C0BF44F6DF**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 64

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Levin for Congress**

Mailing Address PO Box 37

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Roseville | MI    | 48066    |

Purpose of Disbursement  
2014 General

011

Candidate Name

**Sander M. Levin**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 09

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 24    | / | 2014      |

**Transaction ID : 7E84C772125E00FCA29**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Levin for Congress**

Mailing Address PO Box 37

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Roseville | MI    | 48066    |

Purpose of Disbursement  
2014 General

011

Candidate Name

**Sander M. Levin**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 09

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 26    | / | 2014      |

**Transaction ID : FC5D8D7FDBA0BDD8CCE**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Marco Rubio for US Senate**

Mailing Address PO Box 140420

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Miami | FL    | 33114    |

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Marco Antonio Rubio**Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: FL District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    | / | 26    | / | 2014      |

**Transaction ID : 1171C916329B0B292FB**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 64

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Republican Party of Wisconsin**

Mailing Address 148 E. Johnson St.

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Madison | State<br>WI | Zip Code<br>53703 |
|-----------------|-------------|-------------------|

Purpose of Disbursement  
2014 Contribution

Candidate Name

**Republican Party of Wisconsin**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 17    |   | 2014      |

**Transaction ID : E8C0A232AF02E5C32DE**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress Committee**

Mailing Address PO Box 713

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Wheaton | State<br>IL | Zip Code<br>60187 |
|-----------------|-------------|-------------------|

Purpose of Disbursement  
2014 General

Candidate Name

**Peter J. Roskam**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 26    |   | 2014      |

**Transaction ID : 64DCC024C2FEEA0BD8F**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Southerland for Congress**

Mailing Address PO Box 1692

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Lynn Haven | State<br>FL | Zip Code<br>32444 |
|--------------------|-------------|-------------------|

Purpose of Disbursement  
2014 Primary

Candidate Name

**William Steve Southerland II**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 07    |   | 2014      |

**Transaction ID : DAFEF557F2DB0D613C9**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|         |
|---------|
| 8000.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 64

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Steve Daines for Montana**

Mailing Address PO Box 1598

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Helena | MT    | 59624    |

Purpose of Disbursement  
2014 Primary

Candidate Name

**Steve Daines**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 07    |   | 2014        |

**Transaction ID : 8F3DAEFEE9D29005EC0**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|         |
|---------|
| 1000.00 |
|---------|

|          |
|----------|
| 41500.00 |
|----------|